

APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Date:: 10/15/01
Application Type:: REGULAR
Subject Matter:: UTILITY
CD-ROM or CD-R?: NONE
Title:: DIOXOLANE ANALOGS FOR IMPROVED
INTER-CELLULAR DELIVERY
Attorney Docket Number:: PHARMA 123

INVENTOR INFORMATION

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Giorgio
Family Name:: Attardo
City of Residence:: Laval
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 2740, rue Prudential
City of Mailing Address:: Laval
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H7K 3M1

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Boulos
Family Name:: Zacharie
City of Residence:: Laval
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 3202, Honore de Balzac
City of Mailing Address:: Laval
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H7P 5Y3

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada

Status:: FULL CAPACITY
Given Name:: Rabindra
Family Name:: Rej
City of Residence:: Montreal
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 2150, rue Mackay, App. 1105
City of Mailing Address:: Montreal
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: H3G 2M2

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Jean-Francois
Family Name:: Lavallee
City of Residence:: Mille-Isles
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 28, Chemin Scraire
City of Mailing Address:: Mille-Isles
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: J0R 1A0

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Louis
Family Name:: Vaillancourt
City of Residence:: Mascouche
State or Province of Residence:: Quebec
Country of Residence:: Canada
Street of Mailing Address:: 2869, Desportes
City of Mailing Address:: Mascouche
State or Province of Mailing Address:: Quebec
Country of Mailing Address:: Canada
Postal or Zip Code of Mailing Address:: J7K 3J8

Applicant Authority Type:: INVENTOR
Primary Citizenship Country:: Canada
Status:: FULL CAPACITY
Given Name:: Real

Family Name:: Denis
 City of Residence:: Mirabel
 State or Province of Residence:: Quebec
 Country of Residence:: Canada
 Street of Mailing Address:: 7250, boul. Gouin est, App. 06
 City of Mailing Address:: Mirabel
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: H1E 1A3

Applicant Authority Type:: INVENTOR
 Primary Citizenship Country:: Canada
 Status:: FULL CAPACITY
 Given Name:: Sophie
 Family Name:: Levesque
 City of Residence:: Mirabel
 State or Province of Residence:: Quebec
 Country of Residence:: Canada
 Street of Mailing Address:: 8290, du Labour
 City of Mailing Address:: Mirabel
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: J7N 1V3

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/288,424	05/04/01
This Application	Non-Provisional of	60/239,885	10/13/00

ASSIGNMENT INFORMATION

Assignee Name:: Shire BioChem Inc.
 Street of Mailing Address:: 275 Armand Frappier Boulevard
 City of Mailing Address:: Laval
 State or Province of Mailing Address:: Quebec
 Country of Mailing Address:: Canada
 Postal or Zip Code of Mailing Address:: H7V 4A7